

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **1455**

Registrar's No. **52**

1. Place of Death: (a) County Cochise (b) City or Town Douglas (rural) (c) Location Co. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 34 years
(Specify whether years, months or days) In Arizona 34 years
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Cochise
(c) City or Town Douglas
(If outside city limits also write RURAL)
(d) Street No. _____

3. (a) FULL NAME Thea Williamson
(b) If Veteran name war _____
(c) Citizen of foreign country (Yes or No) No
(d) Yes, which country _____
(e) Social Security No. _____

4. Sex Male 5. Race White ☐ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, yrs. _____

7. Birthdate of deceased Sept 20 1877
(Month) (Day) (Year)
8. AGE: Years 70 Months 5 Days 15
If less than one day hrs. _____ min. _____

9. Birthplace Belton Texas
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business _____

12. Name Andrew Williamson
13. Birthplace Unknown Ark.
(City, town or county) (State or Country)

14. Maiden Name Aminda Bleahor
15. Birthplace Unknown Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Records
(b) Address _____

17. (a) Burial, Cremation or Removal Removal
(b) Place McNeal (c) Date 3-8-48 19 48

18. (a) Embalmer's Signature Brown-Page
(b) Funeral Director Brown-Page
(c) Address Douglas, Ariz.

19. (a) March 8-48
(Date received Local Registrar)
(b) C. A. Hammon
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-6-48, 19 48
TIME (Hour and minute) 11:30 AM M.

21. I hereby certify that I attended the deceased from Feb 10, 19 48 to Mar 5, 19 48
that I last saw him alive on 3/5, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION

5 days
3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? _____ (e) Means of injury _____
23. Signature C. A. Hammon M. D.
Address Douglas, Ariz. Date signed 3/5/48